Scale-Up Program Provider Request for Proposal

Name of Organization (Program Provider)*

[ ]

Address:*

[ ]

City: *

[ ]

State:*

[ ]

Zip Code:*

[ ]

Employer Identification Number (EIN):*

[ ]

DUNS Number: *

[ ]

Congressional District:*

[ ]

Registered in System for Award Management (SAM)?* (Choose from drop down selection)

Yes

No

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Organization Type:* (Choose from drop down selection)

> County Government
>
> For-Profit Organization (Other than Small Business)
>
> Nonprofit with 501C3 IRS Status (Other than institution of Higher Education)
>
> Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)
>
> Private Institution of Higher Education
>
> Public/State Controlled Institution of Higher Education
>
> Small Business
>
> State Government
>
> Other

Primary Contact First Name:*

Primary Contact Last Name:*

Title: *

Phone Number:*

E-mail: *

Confirm E-mail: *

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Additional Contact (Optional):

Additional Contact First Name:

[ ]

Additional Contact Last Name:

[ ]

Title:

[ ]

Phone Number:

[ ]

E-mail:

[ ]

E-mail Confirm:

[ ]

Program name:*

Note: If multiple programs are being considered, programs that require a separate training must be submitted in a separate proposal.

[ ]

URL to obtain additional info on the program: *

[ ]

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URL for program video – Optional (please include a URL of a video that demonstrates the program – under 5 minutes)

Program implementation options* (Choose all that apply)

 In school
 Out of school (which includes home school groups)

The program serves the following grade levels:* (Choose all that apply)

 PreK K 1 2 3 4 5 6 7 8 9 10 11 12

List credentials and certifications the program has earned:

(≤ 500 words)

1. **Program summary***
   - Origin, validation, need being met;
   - Content and practices engaged in by learners; and
   - Community and/or partner engagements if any (e.g., business).

(≤ 500 words)

2. **Provide evidence of effect:***
   - Summary of evaluation tactics;
   - Summary of findings of benefits to students, educators, others (content and skills growth, attitudes and intentions, etc.);
   - Cite an instance where assessment informed program practices; and
   - Indicate source of evaluative evidence – external or internal, identify the evaluation entity.

(≤ 500 words)

3. **Iowa Core Standards:** Describe how the program integrates with 21st Century Learning Skills and the Iowa Core Curriculum, including Next Generation Science Standards (NGSS), and Iowa Core Mathematics. And please note specific standards addressed in each of the applicable areas. If you intend to scale-up a longer unit, semester program or full-school-year class, please pull out a minimum of 5 of the strongest curricular ties to Iowa's core STEM curriculum. *

   (For example. Iowa Core—Math 2.OA.A.1. Represent and solve problems using addition and subtraction. Then explain how the standard will be aligned to curriculum and activities within the Scale-Up project, citing specific examples from the activities.
   In addition, please describe any Cross-Curricular standards your program has to areas such as Literacy, Social Studies, the Arts, or Culture.
   For more information about the Iowa Core, which includes 21st Century Skills and Cross-Curricular Standards: https://www.educateiowa.gov/sites/files/ed/documents/K-12_21stCentSkills_0.pdf)

   (≤ 300 words)

4. **Scalability:** Describe your program and its scalability for Iowa students. Demonstrate that the program can do the following:*
   ● Be replicated to numerous, diverse new sites. Successful Scale-Up Programs should demonstrate the capacity to expand the delivery model beyond the original site and sustain continuity of program outcomes over time.
   ● Possess the infrastructure to handle significant growth. What infrastructure in Iowa will you establish or utilize to sustain the program?
   ● Demonstrate capacity. If possible, provide examples of successful program expansion/replication.
   ● The means to provide clear, continuous communication of project results that invites new Scale-Up Program sites.
   ● Ability to work with local sites to adapt to local conditions.

   (≤ 300 words)

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5. **Professional development/training:** Please provide a detailed description of how the professional development/training associated with your program will strengthen Iowa's STEM educators' pedagogy and content knowledge, provide sustained support, and equip educators to connect student learning within the context of Iowa communities and careers. Include an agenda for professional development/training that includes time spent on each portion of the training.*

[text box]

(≤ 300 words)

All organizations offering to provide a program to scale in Iowa are encouraged, when possible, to provide face-to-face professional development/training in Iowa that will enhance educators' content knowledge, pedagogical skills, and career awareness.

5.1 How will professional development/training be delivered?*

In-person (face-to-face)
Virtual
Blended

5.2 Where will professional development/training be delivered?*

Statewide
STEM Region
Both

5.3 Traditionally, organizations have delivered training via a statewide gathering, regional trainings, or a combination of both. Please describe this program's proposed delivery model.*

[text box]

(≤ 500 words)

5.4 Minimum number of educators needed to conduct a regional training session?*

[text box]

5.5 Maximum number of educators allowed to conduct one training session?*

5.6 Number of days needed to conduct one Professional Development/Training session?*
(Choose from drop down)

> *Half day (3-4 hours)*
> *One day (6–8 hours)*
> *Two days (6-8 hours per day)*
> *One week (5 days)*
> *Two weeks (10 days)*
> *Other (Be sure to explain in question 5.3)*

6. **Evidence of effectiveness in engaging diverse learners:**

Provide evidence of the program's effectiveness (including each unit of the program) in successfully reaching and engaging all students, especially those from groups under-represented in STEM. Under-represented groups include African Americans, Latino/as, English language learners, students with disabilities, low socioeconomic status, low test scores, rural, and females in physical sciences, technology, engineering, and mathematics.*

(≤ 300 words)

7. **Connection to the world of work:**

Provide evidence on how, students connect between their learning and the world of work. Highlight connections that relate to key industries in Iowa, including agriculture, advanced manufacturing, information technology, finance, and health careers.*

(≤ 300 words)

8. **Program budget:** Does the project propose a realistic budget to handle significant growth?
A budget template is available at https://iowastem.gov/scaleup-provider-application

   Please Note: The following items will NOT be covered by Scale-Up Program funds. Items in these categories may be listed as "cost-share" (see below)
   1) Hosting state-wide events including contests, competitions, social activities, ceremonies, receptions or entertainment.
   2) Website design and maintenance.
   3) General fundraising.
   4) Construction or renovation of existing buildings.
   5) General operational expenses/support (unless clearly categorized under an allowable expense).
   6) General public relations or advertising.
   7) Contributions to endowments.

Program Funding Formula		
Category	**Dollars Per Unit**	**Implementation Unit**
Materials/Kit Cost (includes: kit based items, reusable materials, consumables, computer equipment, curriculum, etc.)	**$0.00**	Choose from drop down - - - single educator, student, whole building, or other
Budget Justification:		
System License	**$0.00**	Choose from drop down - - - single educator, student, whole building, or other
Budget Justification:		
Associated administrative costs	**$0.00**	Choose from drop down - - - single educator, student, whole building, or other
Budget Justification:		
Implementer Registration fees or support to attend events directly related to the program (e.g., contests and exhibitions)	**$0.00**	Choose from drop down - - - single educator, student, whole building, or other
Budget Justification:		
Option for the applicant to type in category HERE	**$0.00**	Choose from drop down - - - single educator, student, whole building, or other
Budget Justification:		
Option for the applicant to type in category HERE	**$0.00**	Choose from drop down - - - single educator, student, whole building, or other
Budget Justification:		
Option for the applicant to type in category HERE	**$0.00**	Choose from drop down - - - single

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		educator, student, whole building, or other
Budget Justification:		
Option for the applicant to type in category HERE		Choose from drop down - - - single educator, student, whole building, or other
Budget Justification:		

Professional Development/Training Funding Formula		
Category	Dollars Per Unit	Implementation Unit
If applicable, cost to conduct regional or statewide professional development/training.	$0.00	Choose from drop down - - statewide, regional, both
If applicable, travel support to educator to attend professional development/training *(may not exceed $50 per educator)*	$0.00	Per educator
If applicable, sub-pay and/or personal stipend for the educator to attend professional development/training *(may not exceed $120 per day per educator).*	$0.00	Per educator
Option for the applicant to type in category HERE	$0.00	Choose from drop down - - - single educator, student, whole building, or other
Option for the applicant to type in category HERE	$0.00	Choose from drop down - - - single educator, student, whole building, or other
Option for the applicant to type in category HERE	$0.00	Choose from drop down - - - single educator, student, whole building, or other

8.1   One kit can serve up to how many youth?*

<div style="border:1px solid #000; height:60px;"></div>

8.2   Is your organization able to distribute Council-awarded funds for travel support to educator to attend professional development?* (Choose from drop down)
       Yes
       No

8.3   Is your organization able to distribute Council-awarded funds for sub-pay and/or personal stipend for the Educator to attend professional development?* (Choose from drop down)
       Yes
       No

8.4   If sub-pay and/or personal stipend is/are offered, explain how your organization will administer the distribution of funds.

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(≤ 300 words)

8.5   What is the cost to sustain the program beyond Council funding? (Costs may include subscription renewals/program costs, replacing consumable materials, cost to train a new educator etc.* *This will be published so that educators applying for the program can create a plan to sustain the program beyond the award year.*

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(≤ 300 words)

9. **Supporting documentation:** Please upload or provide a link to supporting documentation*
   1. Résumé of the Proposer or the lead contact for Iowa (required).
   2. Commitment letter(s) from cost-share sources(s) (optional).
   3. Additional supporting documents

10. **Returning Program Providers – sustaining budgets**

If the STEM program was a past Scale-Up, include a "reduced" budget, if and when appropriate, for Educational Organizations to continue the program beyond the award year. Include specific changes to the budget that accommodate continuance. *And* please include evidence of the degree of success you've had in sustaining the program – numbers of current active sites independently sustaining, for example.

(≤ 300 words)

11. **Cost-sharing for Scale-Up program**

If applicable, describe your cost-share plan that offsets Iowa's investment. Include supporting organizations and type of support (in-kind or financial). Indicate whether the cost-share has been secured at the time of submission or is pending. Provide assurance that the cost-share will equally benefit all regions of Iowa.

(≤ 300 words)

12. **How did you find out about the Iowa STEM Scale-Up program?*** (Choose all that apply)

- o At a conference
- o Community partner
- o Iowa Governor's STEM Advisory Council newsletter
- o Iowa STEM Regional Manager
- o Iowa Governor's STEM Advisory Council website
- o Social media advertisement
- o Social media post
- o Other

*Required fields